

# Work Order ID 120370

Wednesday, June 04, 2014 3:03:16 PM

**\*120370\***

Page 1

Item ID: D3019-1 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Back Cushion  
Start Date: 6/04/14 Start Qty: 4.00 **\*4\*** Cust Item ID:  
Required Date: 6/04/14 Req'd Qty: 4.00 **\*4\*** Customer:  
Reference:

Approvals: Process Plan: MLJ Date: 14-06-06 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_  
Run Start **\*NR1\***  
Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D3019	B

100

0.00

**\*100\***

Purchasing

Purchasing

PURCHASING

Memo

Issue P/O: 24554

Possible supplier: Chestnut Ridge Airflex fire-resistant aircraft cushioning

Order: Grade 30-40 (colour green), Density 2.6lb/ft<sup>3</sup>

Material must meet FAR 27.853(a) or 25.853(a), Part is symmetric about centerline

0.00

CL 14/06/11 4

110

Receive & Inspect for Damage & Mat'l Certs

0.00

**\*110\***

Packaging

Packaging

Memo

Ensure Material Release Note is attached

0.00

4x SP/4-625

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Design											
Doc/Data											
Equip/Tooling											
Handling/Pre											
Material											
Operator											
Offset/Setup											
Process											
Supplier											
Training											
Transport											
Unapproved											

FAULT CATEGORY							
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube		<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function		<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence		<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other	

Work Order ID 120370

\*120370\*

Page 2

Wednesday, June 04, 2014 3:03:16 PM

Item ID: D3019-1 Accept \*N900040100\* Setup Start \*NS1\*

Revision ID: Stop \*NS2\*

Item Name: Back Cushion

Start Date: 6/04/14 Start Qty: 4.00 \*4\* Cust Item ID:

Required Date: 6/04/14 Req'd Qty: 4.00 \*4\* Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120 *120* QC Quality Control	QC6- Inspect dimensions to drawing  Memo *****REMOVE "CHESTNUT FOAM" LABEL AND ATTACH TO WORK ORDER FOR TRACEABILITY*****	0.00 0.00				4			
130 *130* Packaging Packaging	Identify as per dwg & Stock Location: <u>ST639</u>  Memo	0.00 0.00				4X	DAS 28 9-89	JUL 01 2014	
140 *140* QC Quality Control	QC21- Final Inspection - Work Order Release  Memo	0.00 0.00				MLJ	14-07-02		MLJ 14-07-02

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other  _____ _____ _____
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# Picklist Print

Wednesday, June 04, 2014 3:03:15 PM

Page 1

Work Order ID: 120370

**\*120370\***

Parent Item: D3019-1

**\*D3019-1\***

Parent Item Name: Back Cushion

Start Date: 6/04/14

Required Date: 6/04/14

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP: B01.06.07Removed acid etch & alodine EC/SM IPP REV:C  
11.08.08 added note per NCR 11-588 DD VERF:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3019-1P		Purchased		No		110	Each	0.0000	1	4			

**\*D3019-1P\***

Back Cushion

**\*\***

*4x SP14-6-25*

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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# SPECIFICATION CONTROL DRAWING

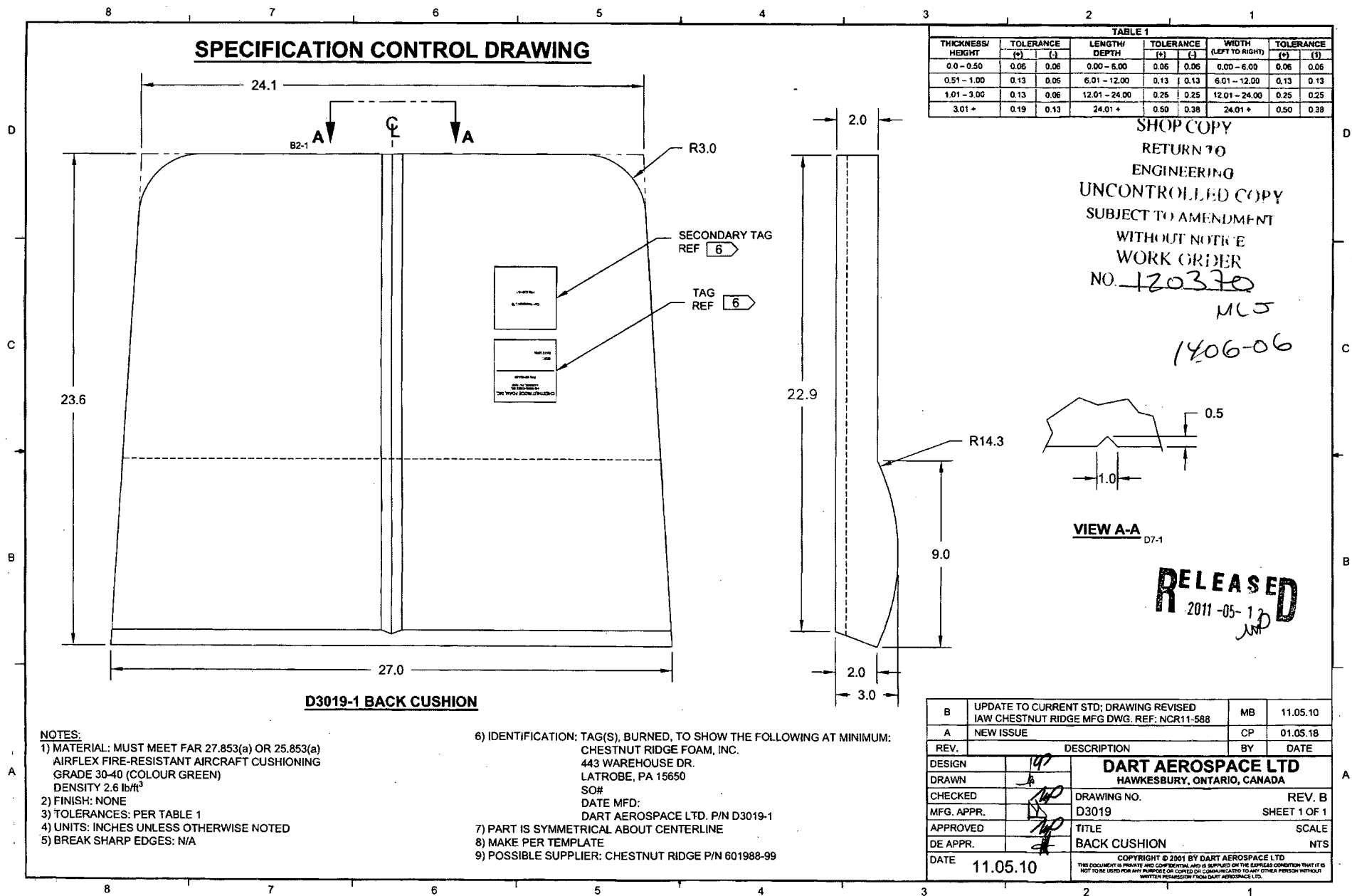


TABLE 1									
THICKNESS/ HEIGHT	TOLERANCE		LENGTH/ DEPTH	TOLERANCE		WIDTH (LEFT TO RIGHT)	TOLERANCE		
(+)	(-)		(+)	(-)		(+)	(-)		
0.0 - 0.50	0.06	0.06	0.00 - 5.00	0.06	0.06	0.00 - 6.00	0.06	0.06	
0.51 - 1.00	0.13	0.06	6.01 - 12.00	0.13	0.13	6.01 - 12.00	0.13	0.13	
1.01 - 3.00	0.13	0.06	12.01 - 24.00	0.25	0.25	12.01 - 24.00	0.25	0.25	
3.01 +	0.19	0.13	24.01 +	0.50	0.38	24.01 +	0.50	0.38	

## D3019-1 BACK CUSHION

- NOTES:
- 1) MATERIAL: MUST MEET FAR 27.853(a) OR 25.853(a) AIRFLEX FIRE-RESISTANT AIRCRAFT CUSHIONING GRADE 30-40 (COLOUR GREEN) DENSITY 2.6 lb/ft<sup>3</sup>
  - 2) FINISH: NONE
  - 3) TOLERANCES: PER TABLE 1
  - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
  - 5) BREAK SHARP EDGES: N/A

- 6) IDENTIFICATION: TAG(S), BURNED, TO SHOW THE FOLLOWING AT MINIMUM:  
 CHESTNUT RIDGE FOAM, INC.  
 443 WAREHOUSE DR.  
 LATROBE, PA 15650  
 SO#  
 DATE MFD:  
 DART AEROSPACE LTD. P/N D3019-1
- 7) PART IS SYMMETRICAL ABOUT CENTERLINE
- 8) MAKE PER TEMPLATE
- 9) POSSIBLE SUPPLIER: CHESTNUT RIDGE P/N 601988-99

B	UPDATE TO CURRENT STD: DRAWING REVISED	MB	11.05.10
A	NEW ISSUE	CP	01.05.18
REV.	DESCRIPTION	BY	DATE
DESIGN	147		
DRAWN	147		
CHECKED	147		
MFG. APPR.	147		
APPROVED	147		
DE APPR.	147		
DATE	11.05.10		

<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA			
DRAWING NO.	D3019	REV. B	
TITLE	BACK CUSHION	SHEET 1 OF 1	
SCALE	NTS		

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Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO24554**

Purchase Order Date 6/11/2014

PO Print Date 6/11/2014

Page Number 1 of 2

**Order From :**

VU-CHE001

CHESTNUT RIDGE FOAM, INC.  
PO BOX 6015  
HERMITAGE, PA 16148  
US

**Ship To :** DART AEROSPACE LTD

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**FAKED**

**Contact Name**

**Vendor Phone** 724 537 9000

**Ship To Contact**

**Ship To Phone**

**Ship Via:** FedEx PI collect

**Ship Acct:**

**Buyer**

Chantal Lavoie

**Customer POID**

**Customer Tax #**

10127-2607

**Terms**

Net 30

**Currency**

USD

**FOB**

Destination-Collect

Line Nbr	Reference Vendor Part Number Line Comments Delivery Comments	Description/ Mfg ID	Req Date/ Taxable Promise Date	CD	Req Qty/ Unit of Measure	PO Unit Price	Extended Price
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1	D3018-1P	Seat Cushion	7/3/2014 Yes 7/3/2014		4.00 Each	\$60.40	\$241.60
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AS PER DWG D3018 REV. B  
B120768

**Line Total:** \$241.60

2	D3019-1P	Back Cushion	7/3/2014 Yes 7/3/2014		4.00 Each	\$46.77	\$187.08
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AS PER DWG D3019 REV. B  
B120370

**Line Total:** \$187.08

SP/4-6-25

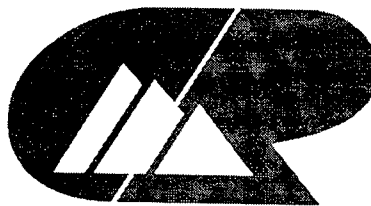
**Note:**

6/11/2014



Chestnut Ridge Foam, Inc.  
443 Warehouse Drive  
P.O. Box 781  
Latrobe PA 15650

Phone: 724-537-9000  
Fax: 724-537-9000



Pack Slip: 62717

**Packing Slip**

Page: 1 of 1

**Ship To:** Fed Exp #1517-9324-0  
Dart Aerospace Ltd.  
1270 Aberdeen Street  
Tel: 613-632-3336  
Hawkesbury ONTARIO, CANADA K6A 1K7

**Phone:** 613-632-3336  
**Fax:** 613-632-1053

**Sold To:** Chantal Lavoie Fax#: 613-632-1053  
Dart Aerospace Ltd.  
1270 Aberdeen Street  
Tel: 613-632-3336  
Hawkesbury ONTARIO, CANADA K6A 1K7

**Phone:** 613-632-3336  
**Fax:** 613-632-1053

Ship Date: 6/24/2014

F.O.B. Origin

Ship Via: Fed Exp Int P1

PO Line	Part Number/Description Planned Qty	Shipped Qty	Rev	PO Line
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**Sales Order: 50110**

**Your PO: PO24554**

**Salesperson: Aircraft**

*Certificate of Conformity that all components comply with 14CFR 25.853(a) 12 Second Vertical Burn with Shipment*

Line 1 Rel 1

D3018-1P

AIRFLEX Bottom Cushion  
4.00 EA

4.00 EA ✓

**Our Part:** 502148-99

Line 2 Rel 1

D3019-1P

AIRFLEX Back Cushion  
4.00 EA

4.00 EA ✓

**Our Part:** 601988-99

CONTACT CHESTNUT RIDGE FOAM IF THERE IS DAMAGE OR DISCREPANCIES 724-537-9000

5014-625



**Chestnut Ridge**  
Foam, Inc.

Certificate of Conformance

SOLD TO:

Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury  
Ontario CANADA K6A 1KS

PURCHASE ORDER: PO24554

SALES ORDER: 50110

DATE SHIPPED: 06.24.2014

**"URGENT! FLAMMABILITY CERTIFICATION  
ENCLOSED. PLEASE FORWARD TO  
PURCHASING. DO NOT THROW AWAY!"**

***I certify that the individual components comprising the part shipped  
against the above-referenced purchase order meets the following  
requirements:***

14 CFR 25.853(a), APPENDIX F, PART 1(a)(1)(ii), AMENDMENT 25-116

Quantity	Customer Part Number	CRF Part Number	Material	Batch Number
4	D3018-1P	502148-99	AIRFLEX 55-65	AF14008
4	D3019-1P	601988-99	AIRFLEX 30-40	AF14018

**MADE IN THE U.S.A**

Grace Harr

Digitally signed by Grace Harr  
DN: cn=Grace Harr, o=Chestnut Ridge Foam,  
Inc., ou, email=crfqc@chestnutridgefoam.com,  
c=US  
Date: 2014.06.24 12:42:58 -0400

❖ 443 Warehouse Drive Latrobe, PA 15650  
❖ Phone: 724-537-9000 Fax: 724-537-9003

**CHESTNUT RIDGE FOAM INC.**  
**VERTICAL BURN TEST # 15257**  
**12-SECOND VERTICAL BUNSEN BURNER TEST**  
**FOR CABIN AND CARGO COMPARTMENT MATERIALS**  
**SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853**

---

PRODUCT : CR AIRFLEX  
BATCH / LOT NO : AF14008  
CUSTOMER : PRODUCTION  
P.O. NO :  
OTHER IDENTIFICATION : AFX 55-65

---

TEST BEING RUN : VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME  
MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F : YES

---

MATERIAL COMPOSITION : AIRFLEX

MATERIAL PATTERN : NA

MATERIAL COLOR : ORANGE

CONDITIONING STARTED : DATE : 3-19-14  
TIME : 10:30 AM

TEST STARTED : DATE : 3-20-14  
TIME : 12:25 PM

---

**RESULTS :**

	FLAME TIME (SECONDS)	DRIPPINGS (SECONDS)	BURN LENGTH (INCHES)
#1.	0.0	0.0	3.7
#2.	0.0	0.0	3.5
#3.	0.0	0.0	3.8
AVG.	0.0	0.0	3.7

PASS : X      FAIL :

**COMMENTS :**

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853,  
PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY : KELLY BURES  
LAB TECHNICIAN



**CHESTNUT RIDGE FOAM INC.**  
**VERTICAL BURN TEST # 15337**  
**12-SECOND VERTICAL BUNSEN BURNER TEST**  
**FOR CABIN AND CARGO COMPARTMENT MATERIALS**  
**SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853**

PRODUCT : CR AIRFLEX  
BATCH / LOT NO : AF14018  
CUSTOMER : PRODUCTION  
P.O. NO :  
OTHER IDENTIFICATION : AFX 30-40

TEST BEING RUN : VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME

MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F : YES

MATERIAL COMPOSITION : AIRFLEX

MATERIAL PATTERN : NA

MATERIAL COLOR : GREEN

CONDITIONING STARTED : DATE : 5-27-14  
TIME : 11:30 AM

TEST STARTED : DATE : 5-28-14  
TIME : 12:30 PM

**RESULTS :**

	FLAME TIME (SECONDS)	DRIPPINGS (SECONDS)	BURN LENGTH (INCHES)
#1.	0.0	0.0	3.3
#2.	0.0	0.0	4.0
#3.	0.0	0.0	3.9
AVG.	0.0	0.0	3.7

PASS : X      FAIL :

**COMMENTS :**

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853,  
PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY : KELLY BURES  
LAB TECHNICIAN



**CHESTNUT RIDGE FOAM INC.**  
**VERTICAL BURN TEST # 15058**  
**12-SECOND VERTICAL BUNSEN BURNER TEST**  
**FOR CABIN AND CARGO COMPARTMENT MATERIALS**  
 SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853

PRODUCT: TICKING FR 4440 FABRIC  
 BATCH / LOT NO.: 9744  
 CUSTOMER: PRODUCTION  
 P.O. NO.:  
 OTHER IDENTIFICATION: SUPPLIED BY: HANES CONVERTING CO. OF CONOVER, NC  
 ON INVOICE #62-134424

TEST BEING RUN: VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME  
 MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F: YES

MATERIAL COMPOSITION: NA

MATERIAL PATTERN: WOVEN

MATERIAL COLOR: TAN

CONDITIONING STARTED: DATE: 9-16-13  
 TIME: 9:00 AM

TEST STARTED: DATE: 9-18-13  
 TIME: 10:20 AM

**RESULTS:**

	FLAME TIME (SECONDS)		DRIPPINGS (SECONDS)		BURN LENGTH (INCHES)	
	WARP	FILL	WARP	FILL	WARP	FILL
#1.	0.0	0.0	0.0	0.0	3.7	3.9
#2.	0.0	0.0	0.0	0.0	3.8	3.8
#3.	0.0	0.0	0.0	0.0	3.9	3.8
AVG.	0.0	0.0	0.0	0.0	3.8	3.8

PASS: X FAIL:

**COMMENTS:**

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853,  
 PARAGRAPH (b) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY: KELLY BURES  
 SR. LAB TECHNICIAN

CORPORATE OFFICE  
 500 N. McLin Creek Rd.  
 P. O. BOX 457  
 CONOVER, NC 28613-0457  
 PHONE (828) 464-4673  
 FAX (828) 464-0459

**HANES**  
*engineered materials*  
 Leggett & Platt COMPANY

**INVOICE**

PLEASE REMIT TO:  
 HANES ENGINEERED MATERIALS  
 L&P FINANCIAL SERVICES CO.  
 P.O. BOX 60994  
 CHARLOTTE, NC 28260

**SOLD TO**  
 CHESTNUT RIDGE FOAM  
 ROUTE 981 NORTH  
 PO BOX 781  
 LA TROBE, PA 15650

**SHIP TO**  
 CHESTNUT RIDGE FOAM  
 ROUTE 981 NORTH  
 PO BOX 781  
 LA TROBE, PA 15650

INVOICE NUMBER 62-134424	INVOICE DATE 9/11/2013	TERMS NET 30	CARRIER USF HOLLAND INC	ROUTING PER CUSTOMER REQUEST 5/17/01
CUSTOMER NO. 15985	CUSTOMER ORDER NO. 31978	SLS. MGR. / SLSMAN. 65 452	ORDER DATE 9/06/2013	CONOVER, NC
DAY 8		S/L 29733		RELEASE # 010 11989
QUANTITY 5.032	LN	AMOUNT		

CERTIFICATION:  
 THE SELLER DOES NOT CERTIFY, EITHER IMPLICITLY OR EXPLICITLY, THESE PRODUCTS TO MEET  
 THE REQUIREMENTS OF ANY REGULATORY AGENCY OR SPECIFICATION EXCEPT AS MAY BE  
 CERTIFIED ABOVE OR UNDER SEPARATE WRITTEN CERTIFICATION. ALL TRANSACTIONS ARE  
 SUBJECT TO THE CONDITIONS ON THE REVERSE SIDE OF THIS INVOICE.

USF HOLLAND INC PR06 10250581037

15985

ORIGINAL

214 THE LAWS OF THE STATE OF NORTH CAROLINA SHALL GOVERN THIS TRANSACTION. A LATE PAYMENT CHARGE AT A PER ANNUM RATE  
 EQUAL TO THE PRIME RATE OF THE CHASE MANHATTAN BANK, N.A. IN EFFECT ON THE FIRST DAY OF EACH MONTH PLUS 2% OR 1% PER ANNUM  
 WHICHEVER RATE IS HIGHER, WILL BE IMPOSED ON THE FIRST OF EACH MONTH ON ANY PAST DUE INVOICES PAID DURING THE MONTH.

TOTAL INVOICE  
 AMOUNT

PAGE 1 LAST 41469

**CHESTNUT RIDGE FOAM, INC.**

443 WAREHOUSE DR.  
LATROBE, PA 15650

P/N: 601988-99

SO# : **50110**

DATE MFD: **07/14**

**CHESTNUT RIDGE FOAM, INC.**

443 WAREHOUSE DR.  
LATROBE, PA 15650

P/N: 601988-99

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